

FORM LM-30
**LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|--|---|
| 1. File Number: U- 13598 | 2. Fiscal Year Covered From: 01 / 01 / 2004 Through 12 / 31 / 2004 |
| 3. Name and address of person filing. | |
| Name Eric T. Pals | 4. Name, file number, and address of labor organization. |
| P.O. Box, Bldg., Room No., if any | Name IBEW Local #146 |
| Street 15550 N. 2100th Street | Labor Organization File Number 008-422 |
| City Centerville | P.O. Box, Building and Room Number, if any |
| State Illinois | Street 3390 N. Woodford Street |
| ZIP Code + 4 62467 | City Decatur |
| State Illinois | ZIP Code + 4 62526 |
| 5. Position in labor organization. Assistant Business Manager | |

Enter appropriate date below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | 7.a. Nature of Interest, Transaction, or Income. <input type="text"/> |
| 6. Name and address of Employer (including trade name, if any). | 7.b. Amount. <input type="text"/> |
| Name <input type="text"/> | |
| Trade Name, if any <input type="text"/> | |
| P.O. Box, Bldg., Room No., if any <input type="text"/> | |
| Street <input type="text"/> | |
| City <input type="text"/> | |
| State <input type="text"/> ZIP Code + 4 <input type="text"/> | |

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the Instructions.)

Signed

On

8/15/05

Date

217-857-6480

Telephone Number

